

II CLIENT RIGHTS

SECTION 1 PROMPT SERVICE

Contractors are responsible for ensuring that family planning services are provided to clients promptly. It is the expectation of the Family Planning Division that clients be seen as soon as possible, with the goal of 30 days. Certain clients, such as teens, should be seen earlier, within two weeks of requesting services. Medicaid providers are required to see Medicaid clients within 30 days of the request for services.

§56.10. Prompt Service.

Medicaid clients requesting family planning assistance, must be offered services within 30 days of request.

SECTION 2 FREEDOM OF CHOICE

Family Planning clients are guaranteed the right to choose family planning providers and methods, as appropriate, without coercion. Medicaid clients are free to receive services from any Medicaid-enrolled family planning provider, even in Managed Care areas.

§56.11. Freedom of Choice.

Clients have the right to freely choose family planning methods and sources for services. Clients must not be subjected to any coercion to receive services.

SECTION 3 CONFIDENTIALITY

§56.12. Confidentiality

The department and providers must ensure the safeguarding of client family planning information. Clients must give written permission prior to the release of any personally identifying information except reports of child abuse required by Chapter 261 of the Texas Family Code, and as required or authorized by other law. The department may distribute appropriated funds only to contractors that show good faith efforts to comply with all child abuse reporting guidelines and requirements.

- (1) The provider must ensure client confidentiality and provide safeguards for clients against the invasion of personal privacy.
- (2) All personnel (both paid and volunteer) must be informed during orientation of the importance of keeping information about a client confidential.
- (3) Client's records must be monitored to ensure access is limited to appropriate staff and to department staff or their authorized representatives.
- (4) The client's preference of methods of follow-up contact must be documented in the client's record.
- (5) Each client must receive verbal assurance of confidentiality and an explanation of what confidentiality means.

Providers must also comply with all state and federal laws regarding privacy of protected health information.

See the appendices for the most pertinent state child abuse reporting laws.

SECTION 4 NON-DISCRIMINATION

§56.16. Civil Rights. The department and providers must make family planning and genetic services available without regard to marital status, parenthood, handicap, age, color, religion, sex, ethnicity, or national origin. The provider must comply with Title VI of the Civil Rights Act of 1964 (Public Law 88-352); § 504 of the Rehabilitation Act of 1973 (Public Law 93-112); The Americans with Disabilities Act of 1990 (Public Law 101-336), including all amendments to each; and all regulations issued pursuant to these Acts.

SECTION 5 SERVICES TO ADOLESCENTS**§56.15. Family Planning for Adolescents.**

- (a) Adolescents age 17 and younger must be provided individualized family planning counseling and family planning medical services that meet their specific needs within 2 weeks of request.
- (b) The provider must ensure that:
 - (1) counseling for adolescents encourages them to discuss their family planning needs with a parent, an adult family member, or other trusted adult;
 - (2) counseling for adolescents includes information on use of all medically approved birth control methods including abstinence;
 - (3) appointment schedules are flexible enough to accommodate access for adolescents requesting services;
 - (4) for the adolescent electing a non-prescriptive method, full participation in family planning medical services is encouraged but may be deferred by the client; and
 - (5) the adolescent is assured that all services are confidential and that any necessary follow-up contact will also protect the client's privacy.

It is important not to assume that adolescents are sexually active simply because they have come for family planning services.

Adolescents must be counseled, as age-appropriate, about resisting sexual coercion, and be assessed for potential child abuse.

SECTION 6 TERMINATION OF SERVICES

Under some circumstances, clients in Title XX only clinics may be denied services by contractors. If a client was determined to be capable of paying a full or reduced co-payment, but the client has not paid, they may be denied services. Clients also have the right to request a fair hearing.

Contractors must have board-approved policies and procedures in place regarding termination of services to clients. Before denying services to a client, contractors must send the client at least two notices that the payment is overdue. The second notice must be sent at least 30 days after the first notice. The method used to notify clients must safeguard their confidentiality. When sending the second notice, contractors must also send clients a notification of denial, reduction, or termination of services that informs them of their right to request a fair hearing. Agency providers must wait 10 days from the date on the notification letter before terminating the services. If clients were eligible and request a fair hearing within 10 days, services must continue. Documentation of the termination process must be kept in the client record.

SECTION 7 RESOLUTION OF GRIEVANCES

Contractors must ensure that family planning clients have the opportunity to express concerns about care received and to further ensure that those complaints are handled in a consistent manner.

Clients should be informed of and encouraged to lodge any complaints through appropriate channels during the initial intake.

The following information must be included on the complaint form:

- Client name
- Client phone number
- Client mailing address
- Name of the contractor
- Address where the incident occurred
- Date of the occurrence
- Names and titles, if applicable, of those implicated and/or providing service
- Names of those who were witnesses
- Actual complaint should be written in narrative form
- Name of the person who took the complaint
- Phone number of the person who took the complaint

The client should be assured by whoever is taking the complaint that their identity will be kept confidential. Only those TDH staff involved in the complaint process will have the client's identifying information.

Copies of all complaints will be directed to the Director of the Family Planning division.

All complaints will be referred to the appropriate Regional Family Planning Program Specialist (RFPPS) for further investigation.

RFPPS must maintain contact with the complainant.

The Director of the Family Planning division and the RFPPS are to plan what steps to take in investigating the complaint.

Once the plan is in place, the RFPPS is to call the contractor and inform them of the complaint. At that time if it is determined a visit is necessary, an appointment for a visit to the contractor's site is made.

The purpose of the visit will be to interview staff and if necessary other clients. At that time the RFPPS informs the contractor it is their opportunity to state their version of the incident. The RFPPS should gather information to help determine the validity of the complaint. This may include reviewing records, viewing the facility, interviewing staff and clients, etc.

RFPPS makes a written report to the Director of the Family Planning division. Discussion and consultation takes place between the Director of the Family Planning division and the RFPPS. Once adequate information has been gathered, an assessment is made.

The RFPPS and Director of the Family Planning division consult and develop a recommendation and justification for recommendation. RFPPS informs the complainant and the contractor of the recommendation.

If it is determined the report is valid the RFPPS and Director of the Family Planning division develop a corrective action plan for the contractor to follow and the contractor is monitored by the RFPPS.

A written report of the visit, the information, which has been gathered, and the assessment are maintained in the contractor file with an explanation as to the final determination and the date complainant was informed of outcome.

When appropriate, complaints will be referred to the Texas State Board of Social Work Examiners, the Texas Board of Nurse Examiners and/or Medicaid Program Integrity.

Substantiated complaints against a provider that recur or are not responded to with an appropriate corrective action plan will jeopardize a provider's continued participation.

Excessive complaints and/or lack of responsiveness to corrective actions will place a provider at higher risk for a QA visit. Sanctioning resulting from QA visits may jeopardize continued participation as a provider.